County: St. Croix LUTHERAN HOME RIVER FALLS 640 NORTH MAIN

RIVER FALLS 54022 Phone: (715) 425-5353
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 80
Total Licensed Bed Capacity (12/31/00): 121
Number of Residents on 12/31/00: 78

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related Skilled No Yes 83

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	30. 8 46. 2
Supp. Home Care-Household Services Day Services	Yes Yes	Developmental Disabilities Mental Illness (Org./Psy)	1. 3 29. 5	Under 65 65 - 74	9. 0 7. 7	More Than 4 Years	23. 1
Respite Care Adult Day Care	Yes Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	9. 0 0. 0	75 - 84 85 - 94	25. 6 51. 3	***********	100.0
Adult Day Health Care	No No	Para-, Quadra-, Hemi pl egi c Cancer	1. 3 3. 8	95 & 0ver	6. 4	Full-Time Equivalen Nursing Staff per 100 Re	
Congregate Meals Home Delivered Meals	Yes	Fractures	6. 4	07 0 0	100. 0	(12/31/00)	Sidents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	15. 4 9. 0	65 & 0ver	91. 0	RNs	7. 7
Referral Service Other Services	Yes Yes	Di abetes Respi ratory	3. 8 2. 6	Sex		LPNs   Nursing Assistants	13. 5
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	17. 9	Male Female	30. 8 69. 2	Aides & Orderlies	34. 8
Provide Day Programming for Developmentally Disabled	Yes		100. 0		100. 0		
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## Method of Reimbursement

		Medi (Titl	e 18)		Medic (Title			0th			ri vate				d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	<b>).</b> %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	3		\$228.62	44	78. 6	\$101.14	Ĩ	100. 0	\$106.70	18		\$138.50	Ŏ	0. 0	\$0.00	66	84. 6%
Intermedi ate				11	19.6	\$83. 71	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	11	14. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0. 0	<b>\$0.00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				1	1.8	\$133. 11	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 3%
Traumatic Brain Inj	. 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0. 0	<b>\$0.00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	nt O	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	3	100.0		56	100. 0		1	100. 0		18	100.0		0	0.0		78	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 8.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 8.6 Baťhi ng **0.** 0 66. 7 33. 3 78 Other Nursing Homes 6. 2 **Dressing** 15. 4 62.8 21.8 78 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 72.8 Transferring 24.4 78 55. 1 20. 5 78 24.4 52.6 1. 2 Toilet Use 23. 1 78 2. 5 Eating 59. 0 29.5 11. 5 \*\*\*\*\*\* Other Locations 0.0 Total Number of Admissions 81 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 4 0.0 Private Home/No Home Health 43.9 Occ/Freq. Incontinent of Bladder 62.8 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 33. 3 0.0 Other Nursing Homes 15. 3 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 1.0 Mobility 0.0 Physically Restrained 0.0 1.3 12.8 0.0 Other Locations 8. 2 Skin Care Other Resident Characteristics 31. 6 9. 0 Deaths With Pressure Sores Have Advance Directives 88. 5 Total Number of Discharges With Rashes 11.5 Medi cati ons (Including Deaths) Receiving Psychoactive Drugs 43.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:	Li ce	ensure:		
	Thi s	This Nonprofit			- 199	Skilled		Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	<b>68</b> . <b>6</b>	87. 8	0. 78	83. 6	0. 82	84. 1	0. 82	84. 5	0.81
Current Residents from In-County	47. 4	82. 6	0. 57	86. 1	0. 55	83. 5	0. 57	77. 5	0.61
Admissions from In-County, Still Residing	19. 8	25. 9	0. 76	22. 5	0.88	22. 9	0.86	21. 5	0. 92
Admissions/Average Daily Census	97. 6	116. 8	0.84	144. 6	0. 68	134. 3	0. 73	124. 3	0. 79
Discharges/Average Daily Census	118. 1	117. 3	1. 01	146. 1	0.81	135. 6	0.87	126. 1	0.94
Discharges To Private Residence/Average Daily Census	51. 8	43. 9	1. 18	<b>56</b> . 1	0. 92	<b>53. 6</b>	0. 97	49. 9	1.04
Residents Receiving Skilled Care	84. 6	91. 3	0. 93	91. 5	0. 92	90. 1	0. 94	83. 3	1.02
Residents Aged 65 and Older	91. 0	97. 1	0. 94	92. 9	0. 98	92. 7	0. 98	87. 7	1.04
Title 19 (Medicaid) Funded Residents	71. 8	<b>56. 2</b>	1. 28	63. 9	1. 12	63. 5	1. 13	69. 0	1.04
Private Pay Funded Residents	23. 1	37. 5	0. 61	24. 5	0. 94	27. 0	0.85	22. 6	1.02
Developmentally Disabled Residents	1. 3	0. 6	2.06	0. 8	1. 56	1. 3	1. 02	7. 6	0. 17
Mentally Ill Résidents	38. 5	36. 3	1.06	36. 0	1.07	37. 3	1.03	33. 3	1. 15
General Medical Service Residents	17. 9	21. 1	0.85	21. 1	0.85	19. 2	0. 93	18. 4	0. 97
Impaired ADL (Mean)	49. 2	50.8	0. 97	50. 5	0. 98	49. 7	0. 99	49. 4	1.00
Psychological Problems	43. 6	<b>50.</b> 0	0.87	49. 4	0.88	50. 7	0.86	50. 1	0.87
Nursing Care Required (Mean)	4. 2	6.8	0. 61	6. 2	0. 67	6. 4	0. 65	7. 2	0. 58